

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010540

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

339

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph,		c. CITY OR TOWN St. Joseph,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Meth. Hosp. & Med. Center		d. STREET ADDRESS (if outside, give location) 401 North 6th Street	
3. NAME OF DECEASED (Type or print) First Middle Last HOWARD EARL PERRY		4. DATE OF DEATH Month Day Year March 10, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 17, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY 5th & Faraon St. City Parking Lot	
13a. FATHER'S NAME Charles Perry		13b. MOTHER'S MAIDEN NAME Flora Moss	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Daughter Mrs. G. M. Coleman-St. Joseph, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Respiratory failure</i> DUE TO (b) <i>decreased Pulmonary space</i> DUE TO (c) <i>old fibrosis lungs + acute emphysema</i>		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>6 March 63</i> to <i>9 March 63</i> and last saw him alive on <i>9 March 63</i> Death occurred at <i>8:40 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert W. Augustine</i> (Degree or title)	22b. ADDRESS <i>St. Joseph, Mo</i>		22c. DATE SIGNED <i>3-13-63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE <i>March 13, 1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i>	
24. FUNERAL DIRECTOR Address <i>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Mar. 15, 1963</i>	
		26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Handell</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

R. W. Augustine (Embalmer)

DATE AMENDED

VS 300
Rev. 4/59

15117

25117

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100

3-2

P. O. Address St. Joseph, Mo

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.